01-02-01 EXPRESS MAIL CERTIFICATE



1.10 on the date indicated belo	w and is addressed to the Commissioner for Pat	ents, Washington, D.C. 20231.	Office to Addressee" service under 37 C.F.R. §				
Typed or Printed Name	Margaret Pierce	Express Mail No.	EL563389104US				
Signature	Merie	Date	12-28-00				
		Atty Docket No.	CLON-017US1				
PATENT APPLICATION TRANSMITTAL NO FEE ENCLOSED DO NOT CHARGE DEPOSIT ACCOUNT (Only for new nonprovisional applications under 37 CFR 1.53(b))		First Named Inventor	Alex Chenchik				
		Title	Nucleic Acid Assays Employing Universal Arrays				
	CATION ELEMENTS cerning utility patent application contents	Address to:	Commissioner for Patents Box Patent Application Washington, D.C. 20231				
- Descriptive title - Cross Reference - Statement Regar	ment set forth below)	5 Microfiche Computer Program (Appendix) 6 Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a Computer Readable Copy b Paper Copy (identical to computer copy) c Statement verifying identity of above copies					
- Background of the Invention		ACCOMPANY	TING APPLICATION PARTS				
 Brief Summary Brief Descriptio Detailed Descrip Claim(s) Abstract of the I 	n of the Drawings (if filed) otion Disclosure	8 37 CFR 3.73(b) Sta (when there is an as	(cover sheet & document(s)) ttement Power of ssignee) Attorney a Document (if applicable)				
3 Drawing(s) (35 U4X Oath or Declaration		10 Information Disclor Statement (IDS)/PT					
b. Copy fr (for co		Preliminary Amend X Return Receipt Pos (Should be specific)	stcard (MPEP 503)				
invento	DELETION OF INVENTOR(S) statement attached deleting r(s) named in the prior application, CFR 1.63(d)(2) and 1.33(b)	13 Small Entity Statement(s) 14 Certified Copy of F (if foreign priority)	Statement filed in prior application Status still proper and desired Priority Document(s)				
c. X Unsigne	ed	15 Other:	as commonly				
		16 Applicant claims S	mall Entity Status. See 37 CFR 1.27:				

No. of claims as filed or after amendment			Most claims previously paid		Extra claims		Fee from below		Fee Due
Total claims	25	-	20	=	5	х	0	= '	\$
Ind. claims	3		3	=	0	х	0	=	
Multiple Dependent cla	ims					x	0	=	

16. If a CONTIL	NUING APPLICATION, check appropriate box and						
17. CORRESPONDENCE ADDRESS							
Individual Name	Bret E. Field						
Firm Name	BOZICEVIC, FIELD & FRANCIS LLP						
Address	200 Middlefield Road, Suite 200		-				
City, State, Zip	Menlo Park, CA 94025			.)			
Country	U.S.A.						
Telephone	(650) 327-3400	Facsimile	(650) 327-3231				

Individual Name	Bret E. Field				
Registration No.	37,620				
Signature					
Date	12.28.00			 	
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